



Arizona Peace Officer Standards and Training Board



TRAINING ATTESTMENT AND REIMBURSEMENT

PART I. ATTESTMENT OF TRAINING

1. Title of Training Program:		2. AZ POST Approval Number:	
3. Name/Address of Agency/Academy/Training Provider:	4. Dates of Training: From: _____ To: _____	5. Total Hours of Instruction:	6. Hours Approved for Funding:
7. Location of Training:		8. Instructor(s):	
9. ATTESTMENT: I hereby attest that each officer listed on the reverse of this form has (check one): G SATISFACTORILY COMPLETED (Testing and Proficiency) G ATTENDED		10. Training Officer/Academy Director (Type/print): 11. Signature of Training Officer/Academy Director: _____ Date: _____	

◆◆ ABOVE TO BE COMPLETED BY THE TRAINING PROVIDER ◆◆

PART II. CLAIM FOR REIMBURSEMENT FROM P.O.T.F.

12. Claimant:	13. Number of Trainees:	14. Tuition Cost:
15. Cadet Salary: _____ % of base salary paid during basic academy by claimant. Base hourly rate per cadet: _____		
NOTE: SALARY EXPENSE DOES NOT INCLUDE OVERTIME, TAXES, E.R.E. OR OTHER BENEFITS		
16. Travel Expenses:	17. Per Diem Expenses:	18. Total Reimbursement Claimed:

19. **Attestment:** I hereby attest that I am a duly authorized official of the claimant, that the claim is in all respects true, accurate, correct and has not heretofore been paid, and is in accordance with state law and AZ POST rules. There is on file at this agency, original documents covering receipts of travel, per diem, tuition and other expenses to substantiate this claim.

Authorized Official or Academy Director - Title (Type or print)

Signature of Training Official or Academy Director and Date

◆◆ ABOVE TO BE COMPLETED BY AGENCY REQUESTING REIMBURSEMENT ◆◆

TRAINING CERTIFICATION: To Be Completed By The Training Institution

TRAINING PROVIDER:			PROGRAM TITLE:		DATE OF TRAINING:
SOCIAL SECURITY #:	List Students Alphabetically, Grouped By Agency (Type or Print Name) <div style="text-align: center; font-size: small;">First Middle Initial Last</div>	Rank:	NAME OF STUDENT'S AGENCY:	No. of Training Hours In Program:	
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